



Division of Aging Services

State Review Guide

In-Home Respite Service for HCBS

PSA/County: _____ **Site:** _____

Reviewer: _____ **Date:** _____

Revised June 28, 2004

Review Guide Purpose, Service Definitions and Abbreviations/Acronyms

Purpose and Scope:

This guide is designed to assist the Area Agencies on Aging to measure the compliance and performance of subcontractors for In-home Respite Service for HCBS.

Definition:

This guide establishes the requirements to be followed when Area Agencies on Aging provide or contract for the provision of in-home respite services to caregivers of frail elderly people, persons of any age with Alzheimer's disease or related dementias.

Abbreviations and Acronyms (Peculiar to this guide/Service/Program):

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AIMS	Aging Information Management System
ALZ	Alzheimer's (funded by state & private grants & federal funds)
APS	Adult Protective Services (DFCS)
DON-R	Determination of Need - Revised
DAS	Division of Aging Services
DHR	Department of Human Resources
DFCS	Department of Family and Children Services
ESP	Elderly Service Program
FN	Footnote
IADL	Instrumental Activities of Daily Living

Number	Section Cited	Compliance Statement	Yes/ No/ NA – Comments
1.	310.2	<p>Scope: The AAA has executed a contract with the provider agency specifically for the provision of in-home respite services to care givers of frail elderly people.</p> <p><i>Monitors – Review current contract between AAA and provider.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
2.	310.3 and 310.9	<p>Service Provider Eligibility: The subcontractor is licensed in accordance with the rules and regulations of the state. (Also applies to a AAA which provides the service directly)</p> <p><i>Monitors – verify that the agency's license is current.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
3.	310.4	<p>Target Group: The subcontractor serves frail older persons, or adults with dementing illnesses, who are functionally impaired in their ability to perform regular activities of daily living, and their caregivers.</p> <p><i>Monitors – Review AIMS data for client's age and impairment levels. (available reports, DON-R scores and ADL / IDL counts). Also review relative to next section.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
4.	310.5(a) and 310.6	<p>Client Eligibility and Access to Services:</p> <p>(1.) Clients are age 60+ and/or have dementia or a related illness if receiving services through state Alzheimer's funds.</p> <p>(2.) Clients have caregivers who provide care on an informal but regular basis and need temporary relief from the duties of care giving.</p> <p>(3.) The care receiver is unable to perform at least two activities of daily living without assistance, or due to cognitive impairment needs substantial supervision (for the Title III National Family Caregiver Support Program).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p>

Number	Section Cited	Compliance Statement	Yes/ No/ NA – Comments
		<p>(4.) The subcontractor is serving only those persons whose needs it can meet adequately in the client's or family caregiver's place of residence.</p> <p>(5.) Clients 60+ who are caring for children 18 and under with mental retardation and related developmental disabilities-those clients funded with Title III-E dollars.</p> <p>(6.) The subcontractor has provided notice to applicants, following a face-to-face assessment, informing them of their service status.</p> <p>(7.) The contractor provides services only in the homes of clients and caregivers.</p> <p><i>Monitors – Review client files for documentation of written or verbal notification of service status.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
5.	310.7	<p><u>Service Activities:</u> Respite care activities are planned with input from the caregiver, based upon an assessment of his/her needs and the degree of physical and/or cognitive impairment of the care receiver. Service activities are grouped into three levels, according to the skill required of the respite care worker to perform the activity.</p> <p><i>Monitors – Review a sample of client files for documentation to determine that caregivers and clients have input into service planning and that allowable service activities are being performed, as indicated by current service plan and other documentation.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
6.	310.10(a)	<p><u>Assessment:</u> The assessment is conducted by the Area Agency, a provider of case management services, or the in-home respite service provider agency, using the Montgomery-Borgatta Caregiver Burden Scale, the DON-R instrument and other instruments or inventories as indicated.</p> <p><i>Monitors – Review sample of client files to determine timely completion of assessments, using specified instruments.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>

Number	Section Cited	Compliance Statement	Yes/ No/ NA – Comments
7.	310.10(b)	<p><u>Service Plan:</u> Designated staff shall begin developing the service plan with the client and/or family during the in-home assessment visit, using a format provided or approved by DAS.</p> <p>A. Information which clearly links the services to be provided with both the degree of caregiver burden identified by the Montgomery-Borgatta Scale and the functional impairments and unmet need for care identified by the DON_R and other instruments used to assess clients and caregivers;</p> <p>B. Types of service required/tasks requested or indicated and tasks to be performed;</p> <p>C. The expected days, times, frequency and duration of visits in the client’s residence;</p> <p>D. Estimated duration of the need for service;</p> <p>E. The stated goals and objectives of the service;</p> <p>F. Discharge plans.</p> <p><i>Monitors – Review client files to determine whether plans are initiated during the first visit and to determine whether plans address required listed above.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
8.	310.10(c)	<p><u>Service Initiation:</u> The agency initiates service within ten (10) working days from the date of receiving the referral, and thereafter delivers them on a regular basis in accordance with the established service plan.</p> <p>The provider must make contact within the first four weeks of service initiation to ensure caregiver and client satisfaction and annually thereafter for the duration of the service relationship.</p> <p><i>Monitors - Review service logs and client files to determine that services began within 10 days of receipt of referral and are provided as ordered by the plan.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>

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9.	310.10(e)	<p><u>Supervisory / Monitoring Visits:</u> The appropriate provider agency supervisory staff visit includes an assessment of the client’s general condition, vital signs, a review of progress toward goal attainment, any problems noted, and the client’s / caregiver’s satisfaction with services. Supervisors observe and note the appropriateness of the level of services being provided and any adjustments in the service plan needed.</p> <p>Supervisory visits are conducted according to time frames established by state licensure requirements: Respite care / companion sitter service only – every 122 days Respite care / personal care tasks – every 92 days Respite care / nursing service – every 62 days Respite care / homemaker tasks – every 184 days</p> <p><i>Monitors: Use the same documentation for timeliness and review files for supervisors’ notes. If a combination of service tasks are performed, use the most frequent time frame for supervision.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:</p>
10.	310.10(f)	<p><u>Reassessment:</u> Each client is reassessed within 30 days of the end of the first twelve months of service provision, and annually thereafter, or more frequently, based on changes in the caregiver’s situation, client’s functional status or other conditions.</p> <p><i>Monitors:</i> (1.) Review assessment dates in AIMS for documentation of annual (or more frequent) assessments; compare to documentation in client files. (2.) Review assessment forms and formats to determine that DAS-required or approved instruments are used. (3.) Review for documentation of involvement of the respite care worker in the reassessment process.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:</p>
11.	310.10(g)	<p><u>Emergency Contacts:</u> The client has an emergency contact on file that is verified and updated at reassessment.</p> <p><i>Monitors – Review files for documentation of contact information and updates.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:</p>

Number	Section Cited	Compliance Statement	Yes/ No/ NA – Comments
12.	310.10(h)(2)	<u>Termination / Discharge:</u> (1.) A written notice of termination occurred at least 21 calendar days prior to the date of discharge. (30 days discharge notice for Community Care Services.)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:
	310.10(h)(3) and (4)	(2.) The service provider continues service delivery during the 21-day termination / discharge period or makes referrals or arrangements for alternative services / support. <i>Monitors – Review sample of terminated / discharged clients to determine service delivery status and assistance provided.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:
13.	310.11	<u>Staffing:</u> Provider has sufficient numbers of qualified staff who meet all training, education and experience requirements of state licensure for the type of respite care being provided. <i>Monitors – Review personnel files for documentation of training and qualifications of direct care, supervisory and administrative staff.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:
14.	310.12	<u>Orientation and Training Requirements:</u> (1.) Direct services are provided by personnel who are competent to perform the services. A. Agency policies and procedures B. Orientation to the philosophy and values of community integration and consumer-driven care C. Recognizing changes in caregiver and clients’ conditions indicating the need for emergency procedures or health services; D. Agency code of ethics and employee conduct; E. Client rights and responsibilities; F. The agency’s complaint handling process; G. Process for reporting client progress and problems to supervisory staff, including suspected cases of abuse, neglect or exploitation; H. The employee’s obligation to inform the employer of known exposure to tuberculosis and hepatitis	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

Number	Section Cited	Compliance Statement	Yes/ No/ NA – Comments
		or any other communicable disease.	
		I. Maintenance of documentation to demonstrate than an individual is able to perform the services for which s/he is responsible	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
		(2.) The agency arranges to provide 40 hours of core training to in-home respite assistants who have not completed a course of licensure or certification as described in 310.10 (a)(c), 20 hours of which must be completed before the assistants begin to work with clients.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
		(3.) The provider agency may provide the training directly or assist employees in locating and attending the appropriate training. Specific training content for in-home respite assistants includes, but is not limited to:	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
		A. Assisting with ambulation and transfer of clients, including positioning;	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
		B. Assistance with bathing, toileting, grooming, shaving, dental care, dressing and eating;	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
		C. First aid and adult cardiopulmonary resuscitation (CPR);	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
		D. Caring for persons with special conditions and needs, so long as the services provided are within the scope of tasks authorized to be performed and the skill level and qualification of assigned worker (s);	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
		E. Home safety and sanitation;	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
		F. Infection control in the home;	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
		G. Medically related activities, including taking vital signs;	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
		H. Proper nutrition for older persons, with emphasis on nutrition for older persons, with emphasis on nutritional supports for chronic disease states.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
		3. The training program must be conducted under the direction of a licensed registered nurse, or a health care professional with education and experience commensurate with that of a licensed registered nurse.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
		<i>Monitors:</i>	Comments:
		<i>a. Review orientation and training logs and personnel files. If applicable, verify that staff receiving provider-based training complete the 20 hours of annual in-service or other training.</i>	
		<i>b. Review content of orientation – does it cover items in 310.12(a)1</i>	
		<i>c. Review content of training topics – are items in 310.12(b)(1)-(8) covered at a minimum?</i>	
		<i>If applicable, verify that any in-service training is provided under the direction of a licensed registered nurse or comparable health professional.</i>	

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15.	310.13	<p><u>Administrative Requirements:</u></p> <p>(1.) The agency has written policies and procedures which define the scope of the services it provides.</p> <p>(2.) The Provider maintains accurate administrative, fiscal, personnel, and client case records that shall be accessible and available to authorized representatives of the Area Agency on Aging, the Division of Aging Services, the Department of Human Resources, and others as required by law.</p> <p>(3.) The agency has documentation that all employees have been screened through the state criminal records inspection process.</p> <p><i>Monitors – Review agency record keeping systems (paper and electronic) to determine whether all records, including financial and personnel, are accurate and current.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
16.	310.13(d)	<p><u>Service Agreements:</u> The provider contracts for or provides only a client any in-home respite service that it can reasonably expect to deliver.</p> <p>A. Date of referral (date on which the provider received the specific referral from the AAA to provide in-home respite services to a caregiver and care receiver;</p> <p>B. Date the provider made initial contact with the caregiver for services;</p> <p>C. Description of services/activities needed, as stated by the caregiver and/or client;</p> <p>D. Description of the services to be provided, staff to be assigned, and expected duration and frequency of services;</p> <p>E. Agency charges for services rendered, and whether the charges will be paid in full or in part by the client or family; methods of billing and payment;</p> <p>F. Any special arrangements required for providing supplies, equipment, assistive devices;</p> <p>G. Information about the client’s family’s opportunity to contribute voluntarily toward the cost of services;</p> <p>H. Caregiver’s/client’s acknowledge of receipt of “Client’s Rights and Responsibilities” written</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p>

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		<p>notification.</p> <p>I. A telephone number for the provider which the caregiver/client can call for information, to ask questions, or to file complaints about the services supplied by the provider and information regarding supervision by the agency of the services to be provided;</p> <p>J. The telephone number of the state licensing authority (DHR) for information and filing of complaints which have not been resolved satisfactorily at the local level</p> <p>K. Signatures of the provider’s representative and the caregiver/responsible party and date signed; or In the case of refusal to sign, such refusal shall be noted on the agreement with an explanation from the provider’s representative.</p> <p><i>Monitors – Request a copy of the provider’s service agreement, to include a copy of the “Clients Rights and Responsibilities” written notification, to verify that items A through K of Section 310.13(d)(1) are included and addressed. Reference Appendix 310-B for listing of rights and responsibilities.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
17.	310.13(d)(2)	<p>The provider has completed a service agreement for the client not later than the second visit to the client’s residence to provide services, or not later than seven calendar days after services initially were provided, whichever date was earlier.</p> <p><i>Monitors – Review client files for documentation of timely completion of service agreements.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
18.	310.13(e)	<p>The provider maintains adequate professional liability insurance coverage on all staff.</p> <p><i>Monitors – Review insurance policies, certificates of binder, and / or bond coverage for documentation of coverage in force.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
19.	310.13(f)(1)	<p>1) The provider agency supplies employees with identification cards / badges made of permanent materials, carrying the photograph of each employee.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>

Number	Section Cited	Compliance Statement	Yes/ No/ NA – Comments
	310.13(f)(2)	2) Employees turn in badges upon termination of employment. <i>Monitors – Review agency policies and procedures for issuance and recovery of employee badges and request to inspect an actual employee badge.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:
20.	310.13(g)	The provider agency ensures that no in-home service worker is a member of the immediate family ¹ of the client / caregiver being served by that worker. <i>Monitors – Review agency policies and procedures which address service delivery to family members of staff.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:
21.	310.13(h)	The provider agency has established and enforces a code of ethics and employee conduct which is distributed to all employees and clients / families. <i>Monitors – Request a copy of the “code of ethics and employee conduct” to verify all items are included and addressed.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:
22.	310.13 (i)	The provider agency employs an administrator who meets minimum qualifications per Georgia rules and regulations and who is responsible for daily operations. <i>Monitors: Review administrative and personnel files, organization charts for documentation of qualifications and administrative relationships in the agency.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:
23.	310.13 (J) (i)	The provider maintains separate, individual client files containing all written records pertaining to each client’s service provision.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

¹ Immediate family is defined as a parent; sibling; child by birth, adoption or marriage; spouse, grandparent; or grandchild.
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Number	Section Cited	Compliance Statement	Yes/ No/ NA – Comments
		<p>A. Assessment and reassessment documentation, gathered through the use of instruments or inventories specified or approved by the Division of Aging Services;</p> <p>B. Identifying information including the name, address, telephone number of the client/responsible party, if applicable;</p> <p>C. Current service agreement;</p> <p>D. Current service plan;</p> <p>E. Documentation of tasks performed by in-home respite care staff.</p> <p>F. Documentation of findings of home supervisory visits unless reflected in the service plan.</p> <p>G. Any material reports from or about the client that relate to the care being provided, including items such as progress notes and problems reported by employees of the provider agency; communications with personal physicians or other health care providers; communications with family members or responsible parties, and any other pertinent information.</p> <p>H. The names, addresses and telephone numbers of the client’s personal physicians, if any;</p> <p>I. The date of the referral.</p> <p>J. Any and all additional information requested or required by the Division.</p> <p><i>Monitors-Review client files for documentation of items (A)-(J).</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
24.	310.13(J)(2)(a)	<p><u>Retention and Confidentiality of Client Records:</u></p> <p>The provider implements written policies and procedures for the maintenance and security of client records, specifying who shall supervise the maintenance of records: who shall have custody of records; to whom records may be released and what purposes. {Also see 310.13.(j)(2)(c).}</p> <p><i>Monitors-request a copy of the written policies and procedures for file and review client notification and service agreement forms for information on disclosure of confidential information.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>

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25.	310.13(j)(2)(b)	<p>The provider retains client records for six years from the date of the last service provided.</p> <p><i>Monitors – Review policies and procedures and provider’s files for retention of previous six (fiscal) years’ records.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
26.	310.13(j)(3)	<p><u>Personnel Records:</u> The provider maintains separate written records for each employee.</p> <p>A. Identifying information: name, address, telephone number, emergency contact person(s)</p> <p>B. Employment history for previous five years or complete history if he person has not been employed for five years;</p> <p>C. Documentation of qualifications;</p> <p>D. Documentation of a satisfactory tuberculosis screening test upon employment and annually thereafter;</p> <p>E. Date of employment;</p> <p>F. Individual job descriptions or statements of persons’ duties and responsibilities;</p> <p>G. Documentation of completion of orientation and training requirements.</p> <p>H. Documentation of an annual performance evaluation.</p> <p><i>Monitors – Review personnel files for documentation of items (A)-(H), with particular emphasis on B, C, D, F, G, and H.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>

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27.	308.13(j)(4)	<p><u>Reports of Complaints and Incidents:</u> The Provider maintains:</p> <p>a. All documentation of complaints submitted in accordance with rules and regulations of the State of Georgia. <i>Monitors – Review the complaint file.</i></p> <p>b. All incident reports or reports of unusual occurrences (falls, accidents, etc.) that affect the health, safety and welfare of the clients, for a minimum of six (6) years; <i>Monitors – Review the incident / occurrence reports.</i></p> <p>c. Documentation of action taken by the provider to resolve clients’ complaints and to address any incident reports or unusual occurrences. <i>Monitors – Review follow-up documentation.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:</p>
28.	310.14	<p>The agency assures that all staff complies with agency procedures for reporting suspected abuse, neglect or exploitation to the appropriate law enforcement agency, prosecuting attorney, or county department of family and children services. <i>Monitors - request a copy of the written procedures for personal care assistants to communicate such situations appropriately.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comments:</p>

Number	Section Cited	Compliance Statement	Yes/ No/ NA – Comments
29.	310.15	<p>1.) Service Availability – The provider has assessed the need for services outside of core hours and days.</p> <p>2) If applicable, the provider has developed and implemented plans to address the need for expanded service availability.</p> <p>3.) If applicable, the provider has used the <i>Uniform Cost Methodology</i> (UCM) Spreadsheet to calculate different rates for services provided outside of core days and hours</p> <p><i>Monitors: (1) Request and review documentation of the provider's needs assessment activities.</i></p> <p><i>(2) If applicable, review current year service proposal and UCM spreadsheets (as submitted to AAA) for implementation plans and cost calculations.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>
30.	310.16	<p><u>Provider Quality Assurance and Program Evaluation:</u> The provider has developed and implemented an annual plan to evaluate and improve the effectiveness of program operations.</p> <p><i>Monitors – Request a copy of the provider's evaluation process and findings.</i></p> <p><i>a. Is there documentation of the involvement of all levels of staff in the annual evaluation process, including direct care workers and supervisors?</i></p> <p><i>b. Is there documentation of a formal customer satisfaction survey process?</i></p> <p><i>c. Is there documentation that an assessment of client outcomes is used to identify areas for service improvement?</i></p> <p><i>d. Has the provider submitted the annual evaluation and plan to the AAA in a timely manner?</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>Comments:</p>